Alarm User Permit Registration Form



Date:



Tempe Police Department P.O. Box 29615 Phoenix, AZ 85038 (480) 350-8778 www.tempe.gov/alarms

Do not write in this space (for official use only) Permit #: _____ Issue Date: _____ Permit Fee: Waived Fee: Check #: Cash **Money Order:** RESIDENCE - \$10.00 BUSINESS - \$15.00 Approved By: ☐ SENIOR CITIZEN (OVER AGE 65) – FEE WAIVED (Make check or money order payable to the City of Tempe) **Please Type or Print Alarm Owner & Location Information** Alarm Owner's Name: Business Name (if applicable): Address of Alarm Location (Street, City, Zip): Mailing Address (if different from above): Premise Phone Number: Contact E-Mail Address: CHECK THIS BOX TO RECEIVE PAPERLESS PERMIT RENEWALS AND FALSE ALARM NOTIFICATIONS VIA EMAIL Contact #1 Name: Contact #1 Day Phone: Contact #1 Position/Relation: Contact #1 Night Phone: Contact #2 Name: Contact #2 Day Phone: Contact #2 Position/Relation: Contact #2 Night Phone: Contact #3 Name: Contact #3 Day Phone: Contact #3 Position/Relation: Contact #3 Night Phone: **Alarm Company Monitoring & Servicing Information** Is the alarm system professionally monitored by a monitoring company? If YES, complete information below. YES NO Alarm Monitoring Company Name: Company Phone Number: Address: Alarm Servicing Company Name: Company Phone Number: Residential Alarm Users 65 or Older are Exempt from Initial Permit Fee Date of Birth: Driver's License Number: **Comments/Instructions to Assist Responding Officers**

Authorized Signature:

Revised 9/16/14